

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

Please Read
Application And
Notes, If Any,
Attached

PERMIT

Permit Number: 081522

This is to certify that OCEAN BLOCK ASSOCIATEShas permission to 3' x 2' Hanging SignAT 30 MILK ST

CE-032-F009001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is lathed or otherwise altered-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

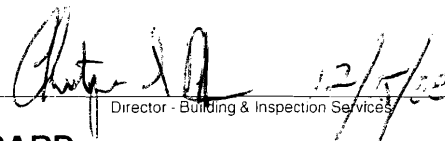
Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name


 Director - Building & Inspection Services
PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No:	Issue Date:	CBL:
08-1522	12/15/08	032 F009001

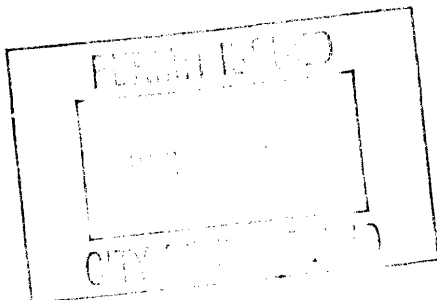
Location of Construction: 30 MILK ST (14 Exchange)	Owner Name: OCEAN BLOCK ASSOCIATES	Owner Address: 42 MARKET ST	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone: B-3

Past Use: Commercial Retail (A work)	Proposed Use: Commercial Retail - 3' x 2' Hanging Sign	Permit Fee: \$77.00	Cost of Work: \$77.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: Sprinkler IBC-2003	

Proposed Project Description: 3' x 2' Hanging Sign	Signature:	Signature: 12/15/08 CSH
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature: Date:		

Permit Taken By: Idobson	Date Applied For: 12/05/2008	Zoning Approval
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..



Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> OK w/condition Date: 12/15/08	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation y <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 12/18/08 CSH
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CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT

ADDRESS

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

PHONE

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

 X **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.



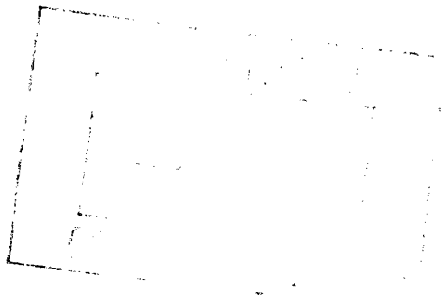
Signature of Applicant/Designee

12/15/08

Date

Signature of Inspections Official

Date



City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-1522	Date Applied For: 12/05/2008	CBL: 032 F009001
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Location of Construction: 30 MILK ST (19 Exchange)	Owner Name: OCEAN BLOCK ASSOCIATES	Owner Address: 42 MARKET ST	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial Retail - 3' x 2' Hanging Sign	Proposed Project Description: 3' x 2' Hanging Sign
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Dept: Historic	Status: Approved	Reviewer: Scott Hanson	Approval Date: 12/08/2008
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
Dept: Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date: 12/05/2008
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.			
Dept: Building	Status: Approved with Conditions	Reviewer: Chris Hanson	Approval Date: 12/15/2008
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			
2) ANY exterior work requires separate review and approval thru Historic Preservation			

Comments: 12/10/2008-gg: received permit from historic on 12/09/08. /gg

Signage/Awning Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>19 Exchange St.</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>32</u> Block# <u>F</u> Lot# <u>9</u>	Owner: <u>Adam Carofano/John Kelly</u>	Telephone: <u>(207) 253-1655</u>
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone: <u>N/A</u>	Total s.f. of signage x \$2.00 Per s.f. plus \$30.00/\$65.00 For H.D. signage= Total Fee: \$ <u>42</u> Awning Fee= cost of work <u>0</u> Total Fee: \$ <u>42</u>

Who should we contact when the permit is ready: Adam Carofano phone: 749-6391

Tenant/allocated building space frontage (feet): Length: ? Height: ?
Lot Frontage (feet): ? Single Tenant or Multi Tenant Lot: multi

Current Specific use: signage
If vacant, what was prior use: ?
Proposed Use: signage

Information on proposed sign(s):
Freestanding (e.g., pole) sign? Yes ? No ✓ Dimensions proposed: 3'x2'w Height from grade: 13'1/2'
Bldg. wall sign? (attached to bldg) Yes ✓ No ? Dimensions proposed: ?

Proposed awning? Yes ? No ✓ Is awning backlit? Yes ? No ?
Height of awning: ? Length of awning: ? Depth: ?
Is there any communication, message, trademark or symbol on it? Yes ? No ?
If yes, total s.f. of panels w/communications, message, trademark or symbol: ? s.f.

Information on existing and previously permitted sign(s):
Freestanding (e.g., pole) sign? Yes ? No ✓ Dimensions: ?
Bldg. wall sign? (attached to bldg) Yes ✓ No ? Dimensions: ?
Awning? Yes ? No ✓ Sq. ft. area of awning w/communication: ?

A site sketch and building sketch showing exactly where existing and new signage is located must be provided. Sketches and/or pictures of proposed signage and existing building are also required.

6x2x65 77

Please submit all of the information outlined in the Sign/Awning Application Checklist.
Failure to do so may result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>[Signature]</u>	Date: <u>12/3/08</u>
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B-3

This is not a permit; you may not commence ANY work until the permit is issued.

2x board height -
height @ least 3'

Sign is 6'

DAVE AR



ELC, Inc.
42 Market Street
Portland, ME 04101
(207) 774-1000

December 4, 2008

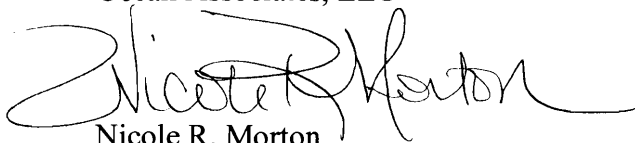
City of Portland and
The Historic Preservation Committee
Portland, ME

Dear Sirs:

I have reviewed the sidewalk sign plans for Awear and give permission for a sign to be hung, in the same location as their previous sign, at 19 Exchange Street.

If necessary, I can be reached at the above number. Thank you for your assistance.

Sincerely,
ELC, Inc., managing agent for
Ocean Associates, LLC

A handwritten signature in black ink, appearing to read "Nicole R. Morton". The signature is fluid and cursive, with a large initial "N" and "M".

Nicole R. Morton
Property Manager

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 12/03/2008
PRODUCER (207) 774-5653 FAX (207) 871-0236 C.M. Bowker Co. 835 Forest Avenue Portland, ME 04103 Marina D. Salang CISR		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Awear 19 Exchange Street Portland, ME 04101		
		INSURERS AFFORDING COVERAGE
		NAIC #
		INSURER A: National Grange Insurance Co
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	BPB56413	06/04/2008	06/04/2009	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 THE POLICY COVERAGE INDICATED BY THIS CERTIFICATE IS SUBJECT TO POLICY TERMS, CONDITIONS AND EXCLUSIONS AS RESPECTS OPERATIONS NORMAL AND USUAL TO INSUREDS BUSINESS.
 THE CITY OF PORTLAND IS NAMED AS ADDITIONAL INSURED AS RESPECTS TO SIGN.

CERTIFICATE HOLDER

CITY OF PORTLAND ATTN: PLANING & DEVELOPMENT 389 CONGRESS STREET PORTLAND, ME 04101	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Marina D. Salang CISR
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